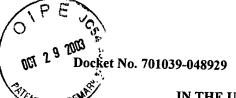
Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number **Application Number** 10/070,647 TRANSMITTAL Filing Date 06/18/2002 **FORM** First Named Inventor M. Bernfield Art Unit 1645 (to be used for all correspondence after initial filing) **Examiner Name** J.E. Graser Attorney Docket Number 701039-048929 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to Group Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to Group X Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information **Provisional Application** After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please **Terminal Disclaimer** Extension of Time Request Identify below): Certificate of Mailing; Return Receipt Request for Refund **Express Abandonment Request** Postcard. CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Document(s) The Commissioner is authorized to charge the NIXON PEABODY LLP Deposit Response to Missing Parts/ Account No. 50-0850 for any fee deficiencies associated with this submission. Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm David S. Resnick (Reg. No. 34,235) NIXON PEABODY LLP, 101 Federal Street, Boston, MA 02110 Individual name Signature Date צע CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Washington, DC 20231 on this date: Typed or printed name Nicole M. Gignac Date Signature 10/27/2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 32 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PATENT RECEIVED

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Children's Medical Center Corporation

Inventors:

BERNFIELD, M. and PARK, P.

Filed:

U.S. Serial No.: 10/070,647 18 June 2002

Group Art Unit: 1645 Examiner:

Jennifer E. Graser

TECH CENTER 1600/2900

OCT 3 1 2003

For:

1

METHOD FOR TREATING AND PREVENTING BACTERIAL INFECTION

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

I hereby certify that this correspondence:

1. Transmittal Form (1 pg.);

2. Response to Restriction Requirement (1 pg.);

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Applicant:

Children's Medical Center Corporation

Inventors:

BERNFIELD, M. and PARK, P.

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OCT 3 1 2003

U.S. Serial No.: Filed:

10/070,647 18 June 2002

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Examiner: Jennit

Jennifer E. Graser

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METHOD FOR TREATING AND PREVENTING BACTERIAL INFECTION

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RESPONSE TO RESTRICTION REQUIREMENT

In response to the Restriction Requirement of October 2, 2003 in the above-identified application, Applicants elect Group I, Claims 1-10, without traverse, drawn to a method for treating a bacterial infection comprising determining whether the bacterium causing the infection is capable of enhancing host cell syndecan-1 shedding and administering an effective amount of a compound that inhibits syndecan-1 shedding, however when the bacterium is P.aeruginosa the compound cannot be genistein or tyrphostin A47.

FEE AUTHORIZATION

Should any fee deficiencies be associated with this submission, the Commissioner is authorized to such deficiencies to our Deposit Account No. 50-0850. Any overpayments should be credited to said Deposit Account.

Date:

10/27 , 200:

Respectfully submitted,

Customer No.: 26248

David S. Resnick (Reg. No. 34,235)

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